.2004 FOR PROFIT CORPORATION

of the corporation or the rec changed, or on an attachme

SIGNATURE:

Apr 01, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000006391 1. Entity Name BRIDGE HOUSE, INC. Principal Place of Business Mailing Address 1632 PENNSYLVANIA AVE. 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 No Chg-P CR2E034 (10/03) 02112004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0600084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINS, CRAIG DO NOT WRITE 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000101126 401.404-80035-017 150.00 OFFICERS AND DIRECTORS 10. PDS TITLE ROBINS, CRAIG NAME 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE GRETENSTEIN, STEVEN NAME 1632 PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33139 NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP ispling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the Information e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information su indicated on this report or supplement

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